

UNDERGROUND STORAGE TANK CLOSURE NOTICE
TEMPORARY CLOSURE

(Revised 4/1/96)

Facility ID # _____

State Use Only	
Date Received	_____
Date Entered	_____ by _____

Temporary Closure Notice prepared at the request of the owner/operator (identified below) by _____
of (company name) _____ Phone # () _____
Address _____ City _____ State _____ Zip _____

FACILITY INFORMATION

UST Owner _____ Phone # () _____

☐ sole proprietorship ☐ partnership ☐ corporation

Address _____ City _____ State _____ Zip _____

Facility Name _____

Address _____ City _____ State _____ Zip _____

Contact person _____ Phone # () _____

Number of regulated tanks at the facility to be temporarily closed: _____

Number of regulated tanks at the facility: _____

TEMPORARY CLOSURE REGULATIONS

- ✓ An UST system temporarily closed **less than** 3 months must:
- ① continue operation and maintenance of corrosion protection (if any) on tanks and lines.
 - ② continue operation and maintenance of release detection **or** empty the the UST system to less than 1" of product.
- ✓ An UST system temporarily closed 3 months or more must:
- ① continue operation and maintenance of corrosion protection (if any) on tanks and lines.
 - ② continue operation and maintenance of release detection **or** empty the the UST system to less than 1" of product.
 - ③ leave vent lines open and functioning, and cap and secure all other lines, pumps, manways, and ancillary equipment.
 - ④ send a properly completed Temporary Closure form to the DERR/UST Section.
- ✓ USTs (tanks and lines) without proper corrosion protection may remain under temporary closure status for up to 12 months.
Before the end of this closure period:
- ① the tanks must be permanently closed, **or**
 - ② a site assessment must be performed and an extension of the temporary closure status requested from the DERR and approved.
- ✓ An UST system temporarily closed for more than 12 months must be upgraded with corrosion protection on tanks and lines, and spill and overfill prevention before the tanks can be brought into use.

☐ Fuel was emptied. ☐ Corrosion protection is operating. ☐ Release detection equipment is operating.

TANKS TEMPORARILY CLOSED

Tank #							
Date Installed							
Capacity							
Substance stored*							
Date last operated							
Inches of product remaining in tank†							

* Indicate the specific substance stored in each tank to be closed (regular, unleaded, diesel, waste oil, etc.)

† To the nearest 1/8 inch

For Temporary Closure of 3 months or more:

Tank #							
Capped/Secured (Y/N)							
lines	_____	_____	_____	_____	_____	_____	_____
pumps	_____	_____	_____	_____	_____	_____	_____
manways	_____	_____	_____	_____	_____	_____	_____
Vent Lines open (Y/N)							

Before 12 months the UST(s) will be: [] Permanently closed [] New/Upgraded [] Extension requested

SITE ASSESSMENT

If an extension of the 12 month temporary closure is requested, complete the Site Assessment portions of the **Underground Storage Tank Permanent Closure Notice** (available upon request).

I certify under penalty of law that I am the Owner of the tank(s) described above and that I am familiar with the information on this form and that it is true, accurate and complete and further, that the procedures described herein were followed during tank closure.

Signature of UST Owner _____

Full name of Owner _____ **Date** _____

Return completed Temporary Closure Notice form to:

State of Utah Dept. of Environmental Quality
Division of Environmental Response and Remediation UST Section
168 North 1950 West 1st Floor
Salt Lake City, Utah 84116